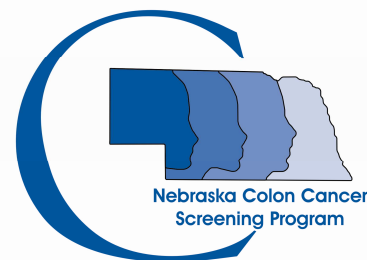


Nebraska Colon Cancer Screening Program Public Service Match Form



Submit this form monthly if your contributions are on-going. If the contribution is one-time, send this form at the completion of the activity. If television or radio commercials are being played, please submit an affidavit with this form.

Name: _____ Credentials/Title: _____

Agency/Organization: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Signature: _____ Date: ____/____/____

Circle One	Date	Column Inches	Estimated Dollar Value (please specify)
published / will publish played / will play			
published / will publish played / will play			
published / will publish played / will play			
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published / will publish played / will play			
published / will publish played / will play			
Total Contribution:			\$

Return this form to:

Nebraska Health and Human Services System
Office of Women's & Men's Health
Nebraska Colon Cancer Screening Program
301 Centennial Mall South, P.O. Box 94817
Lincoln, NE 68509-4817

FOR OFFICE USE ONLY

Date Posted: ____/____/____

Posted By: _____

Questions? Call 1-800-532-2227. You do not have to use this form to report match. You may send us a copy of any form you use to track public service space, which includes the date published, column inches and value of the public service space.